



#02-006

TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Director, Office of Public Health Practice

FROM: Barbara Keir, Director **(Original Signed)**
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: January 16, 2002

SUBJECT: American Academy of Pediatrics supports WIC

Attached to this memo is a new policy statement released by the American Academy of Pediatrics in PEDIATRICS Vol. 108 No. 5 November 2001. The policy statement highlights the important collaboration between pediatricians and WIC to ensure that infants and children receive high-quality, cost-effective health care and nutrition services. Please make copies, as needed, so all staff have an opportunity to read it.

If you require additional information, please contact Tracy Erickson, WIC Breastfeeding Coordinator, Bureau of Nutrition Services, at (512) 458-7111, extension 3409 or tracy.erickson@tdh.state.tx.us or Mary Van Eck, Nutrition Education Coordinator, Bureau of Nutrition Services, at (512) 458-7111, extension 3484 or mary.vaneck@tdh.state.tx.us.

Attachment

AMERICAN ACADEMY OF PEDIATRICS

Provisional Section on Breastfeeding

WIC Program

ABSTRACT. This policy statement highlights the important collaboration between pediatricians and local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs to ensure that infants and children receive high-quality, cost-effective health care and nutrition services. Specific recommendations are provided for pediatricians and WIC personnel to help children and their families receive optimum services through a medical home.

ABBREVIATIONS. WIC, Special Supplemental Nutrition Program for Women, Infants, and Children; AAP, American Academy of Pediatrics; SCHIP, State Children's Health Insurance Program.

Since its inception in 1972, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has been an important source of nutrition education, supplemental food, and health care referrals for low-income women during and after pregnancy and for infants and children up to age 5 in the United States. Breastfeeding promotion and support are important components of the WIC program.

There has been a steady increase in the number of individuals served, with approximately 47% of infants born in 1998 receiving benefits through the program. Despite this increase, 11% of eligible women, infants, and children still did not participate.^{1,2}

Prospective participants in the WIC program must undergo a variety of nutritional screenings to determine eligibility. These include assessments of height, weight, diet, health history, and other indices. Because the WIC program serves a significant number of children younger than 5 years, it is often called on to assess immunization status and screen for child health problems.

The WIC program is an important partner in promoting the health and nutrition of children and their families. Ensuring a medical home^{3,4} for all children and using the WIC program as a means to identify children at risk of not receiving comprehensive, coordinated health services should be a priority. A medical home is an approach to providing health care services in a high-quality and cost-effective manner that is accessible, family centered, coordinated, compassionate, culturally competent, and consistent. The medical home should provide contin-

uous comprehensive care, including immunizations, assessment of growth and development, and treatment of acute and chronic illnesses.^{3,4} A strong collaboration between pediatricians and the WIC program is a key step in identifying and accessing all of the medical and nonmedical services needed to help children and their families achieve their maximum potential.

The American Academy of Pediatrics (AAP) supports the following recommendations for pediatricians:

1. Pediatricians should disseminate information to all of their potentially eligible patients' families about the nutritional and educational benefits of the WIC program; collaborate with local WIC programs to enhance the treatment, anticipatory guidance, and monitoring of their patients' nutritional status; and promote sound dietary patterns for their patients.
2. Pediatricians should work collaboratively with public health departments and colleagues in related professions to identify and mitigate hindrances to the health and well-being of children in the communities they serve. In many cases, vitally needed services already exist in the community. Pediatricians can play an important role in coordinating and focusing services to realize maximum benefit for all children.⁵
3. Pediatricians, including AAP chapter breastfeeding coordinators, should work collaboratively with state and local WIC agencies to maximize efforts to promote, support, and manage breastfeeding as the preferred feeding method for all infants. Although the WIC program is based on federal regulations, states have the option to develop additional policies. Pediatricians must become knowledgeable about their state and local policies and programs to maximize potential benefits available through the WIC program.
4. Pediatricians should provide information to employers on the improved health of infants who are breastfed, which can result in fewer missed workdays for working mothers and fathers attributable to a child's illness.⁶

The AAP also supports the following recommendations for the WIC program:

1. Breastfeeding should be aggressively promoted among WIC recipients as the preferred feeding method for all infants because of the nutritional value and health benefits of human milk. The AAP recommends that infants be exclusively breastfed for approximately the first 6 months of

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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life. It is further recommended that breastfeeding continue with appropriate food supplementation for at least 12 months and thereafter for as long as mutually desired by the mother and the child.⁶

2. For infants whose mothers do not breastfeed or partially breastfeed, iron-fortified infant formula should be provided through the first year of life. Noncontract formula should be made available through physician prescription for specific medical conditions. Food prescriptions should be nutritionally and culturally appropriate.
3. Hematocrit and hemoglobin screening should be performed consistent with the AAP policy statement "Recommendations for Preventive Health Care."⁷ Uniform procedures should be developed to ensure that children who have very low hemoglobin or hematocrit levels are referred to their pediatricians for evaluation before iron treatment is instituted.
4. Breastfeeding women should be certified to receive WIC program benefits for up to 1 year after giving birth. Currently, an infant is certified for the first year of life (up to 12 months). Breastfeeding women, however, have to be recertified 6 months after delivery, with benefits limited to 1 year or less if they stop breastfeeding. It is further recommended that WIC program personnel be encouraged to continue to support breastfeeding women after completion of WIC program benefits.
5. The research component of the WIC program should be expanded to document its effectiveness in the treatment and prevention of nutritional deficiencies in mothers and children.

The AAP supports the following recommendations for a collaborative effort between pediatricians and the WIC program:

1. Pediatricians and WIC breastfeeding coordinators should develop partnership initiatives with local obstetricians, family physicians, hospitals, and other providers of obstetric care to introduce pregnant women to the benefits of breastfeeding.
2. Pediatricians and WIC breastfeeding coordinators should work with local businesses to encourage the establishment of family-friendly work policies and facilities that provide breastfeeding women clean and private places to express and store breast milk.
3. Pediatricians and the WIC program should make special efforts to encourage uninsured WIC recipients and those with nutritional needs to enroll in health programs funded by Medicaid or the State Children's Health Insurance Program (SCHIP).⁸ A process should also be established by which families enrolled in separate state programs funded by SCHIP are screened for eligibility for WIC.

4. Although they are important sources of screenings and referrals, local WIC programs are not expected to provide primary care services. Pediatricians and other health care professionals are solely responsible for rendering that care, and outside agencies should develop policies to support the concept of the medical home.^{3,4} The WIC program should work collaboratively with the medical home to ensure that patient information is shared and referrals are completed in a timely manner.

The AAP supports the nutrition education, breastfeeding promotion, and food supplementation components of the WIC program and advocates for full funding to support all women, infants, and children who are potentially eligible to receive these benefits.

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REFERENCES

1. Office of Analysis, Nutrition, and Evaluation. *WIC Participant and Program Characteristics, 1998*. Washington, DC: Food and Nutrition Service, US Department of Agriculture; 2000. Report No. WIC-00-PC
2. *Hearings before the Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies of the Committee on Appropriations*, 106th Cong, 1st Sess (2000) (testimony of Dan Glickman, Secretary of Agriculture)
3. American Academy of Pediatrics, Ad Hoc Task Force on Definition of the Medical Home. The medical home. *Pediatrics*. 1992;90:774
4. American Academy of Pediatrics. The medical home statement addendum: pediatric primary health care. *AAP News*. November 1993;7
5. American Academy of Pediatrics, Committee on Community Health Services. The pediatrician's role in community pediatrics. *Pediatrics*. 1999;103:1304–1307
6. American Academy of Pediatrics, Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 1997;100:1035–1039
7. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for preventative pediatric health care. *Pediatrics*. 1995;96:373–374
8. American Academy of Pediatrics, Committee on Child Health Financing. Implementation principles and strategies for Title XXI (State Children's Health Insurance Program). *Pediatrics*. 1998;101:944–948